

ACCEPTANCE OF PAYMENT FROM A NON-FEDERAL SOURCE FOR TRAVEL EXPENSES

(INFORMATION SUBMITTED IN COMPLIANCE WITH 41 CFR PART 304-1)

☐ FOR PERIOD BEGINNING OCTOBER 1, 1999 AND ENDING MARCH 31, 2000
☐ FOR PERIOD BEGINNING APRIL 1, 1 AND ENDING SEPTEMBER 30,

INSTRUCTION: For travel payments waived or paid by non-Federal sources in the case of conference, training or similar fees, report the amount charged to other participants. In the case of transportation or lodging, report the cost to the non-Federal source, or indicate the rate that would have been charged a similar non-Federal source for a similar benefit at the time the benefit was provided. In the case of meals or other benefits that are not provided incident to transportation, lodging, or a conference, training, or similar fee, report the cost to the non-Federal source or provide a reasonable approximation of the market value of the benefit. In the case of transportation on a chartered, corporate, or other private (i.e., non-commercial) aircraft, report the first-class rate that would have been charged by an air common carrier at the time the transportation was provided or if common carrier transportation was unavailable between the two locations, report the cost of chartering a similar aircraft using a commercially available service. In the case of lodging for which no commercial rate is available, report the maximum lodging rate prescribed by applicable government regulations.

1. U.S. DEPARTMENT OF COMMERCE, BUREAU: **International Trade Administration**

2. EVENT: *(identify event for which payment was accepted)*

Info Tech Conference

3. SPONSOR(S) OF EVENT:

IT Consulting

4. LOCATION OF EVENT:

New York, NY

5. DATES OF EVENT:

From: 11/07/99

To: 11/08/99

6. NATURE AND BRIEF DESCRIPTION OF EVENT:

To attend and participate in Info Tech conference on "Doing Business in the US"

7. EMPLOYEE:

Name: Jane Ho use

Government Position: International Trade Specialist

Travel Dates From: 11/6/99

To: 11/9/99

8. ACCOMPANYING SPOUSE *(if applicable)*

Name: N/A

Travel Dates From:

To:

9. NON-FEDERAL SOURCE(S) OF PAYMENT: *(regardless of whether the source of payment is the event sponsor)*

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10. NATURE OF PAYMENTS : *(itemize the required information for **each** benefit accepted; attached additional sheet if necessary)*

(a) Nature of Benefit: *(e.g., round-trip commercial air transportation between Washington DC and Chicago; lodging)*
round trip ticket, between Wash. ,DC and NewYork, NY loding, meals, taxi.

(b) Method of Payment: *(e.g. air transportation-in-kind; lodging-check; meals-check)*
air transportation-in-kind, lodging-in-kind, meals-in-kind and taxi-check

(c) Individual (s) for Whom Provided: *(e.g., air transportation-employee; lodging-employee and spouse)*
air transportation-ticket-employee, lodging-employee, meals-employee and taxi-employee

(d) Non-Federal Source(s): *(regardless of whether the source of payment is the event sponsor)*
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(e) Amount of Payment: *(e.g., air transportation-\$480; lodging-\$160; meals-\$60)*
air transportation-ticket--\$270,00, lodging \$142, meals \$38,99 and taxii \$10.00

11. TOTAL AMOUNT OF PAYMENTS: *(for this employee and/or accompanying spouse in connection with this event)*

Total of Payments to Agency by Check: Total of Payments Provided in Kind: \$450.00